

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

Shirley Washington

C. Date of Delivery

11/28/05

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

1. Article Addressed to:

JACKSON HOSPITAL
c/o Donald Henderson, Chief Executive Officer
1722 Pine Street
Montgomery, Alabama 36106

SAC

05-1096

2. Article Number

(Transfer from service label)

7004 1160 0002 5265 9912

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Baptist Ventures-American Home Patient
 c/o W. Russell Tyner, President and CEO
 6240 Brubaker Boulevard
 Montgomery, AL 36116

54C

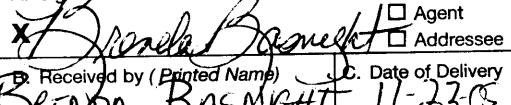
05-1096

2. Article Number

(Transfer from service label)

7003 3110 0003 2223 9730

A. Signature


 Agent Addressee

B. Received by (Printed Name)

BRENDA BASNIGHT

C. Date of Delivery

11-27-05

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BAPTIST HEALTH, INC.
c/o W. Russell Tyner, President and CEO
P. O. Box 244001
Montgomery, Alabama 36124

54C

05-1096

2. Article Number

(Transfer from service label)

7004 1160 0002 5265 9967

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

J. H. Jones

C. Date of Delivery

11-23-05

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JMS Health Services, L.L.C. d/b/a Jackson-Med
 South Home Health
 c/o William T. Carlson, Jr.
 1722 Pine Street
 Montgomery, Alabama 36106

50C 05-1096

2. Article Number

(Transfer from service label)

7004 1160 0002 5265 9950

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

Melissa Burgess Agent
 Addressee

B. Received by (Printed Name)

Melissa Burgess 11-23-05

C. Date of Delivery

If YES, enter delivery address below: Yes
 No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MED-SOUTH, INC.
c/o Patrick William, President and CEO
406 Medical Center Drive
Jasper, Alabama 35501

S & C 05-1096

2. Article Number

(Transfer from service label)

7004 1160 0002 5265 9929

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature <i>A. Johnsey</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>A. Johnsey</i>		C. Date of Delivery <i>11-25-05</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>1096</i> <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		